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	Collin C	ounty Gra	int Summa	9		-
Department Name	Submit completed form along with one electronic copy of the					
Auditor's Office			grant application and all supporting documentation to the			
Contact Person (Grant Liaison)			Auditor's Office not less than 14 days prior to the scheduled Commissioner Court meeting. If you have any questions			
Janna Caponera			contact Janna Caponera at (972) 548-4638.			
Title	Phone / Extens	sion	oornaat oarma	caponora at (c.	_, 0 .0 .000.	
Grants and Payroll Manager	x4638					
		Grant De	escription			
Grant Title and Funding Year				ation Type		
CoServ Charitable Foundation, FY15			State New Grant			
Grantor (include sub-granting agencies)			☐ Federal ☐ Renewal			
CoServ Charitable Foundation			Other: Private Fnd Amendment		ent	
7701 South Stemmons			Payment Method			
Corinth, TX 76210			☐ Cost Reimbursement ☑ Other: Advance			
Application/Award Deadline	Requested Co		Grant Period			
December 31, 2014 Brief Description	Decembe	r 22, 2014	January	1, 2015 to	Decemb	er 31, 2015
Purchase of 23 body armor / b employees that do not current						, outility of the second
Grant Categories / Funding Sources	Federal Funds	State Funds	Local Funds	County Match	In-Kind Match	Total
Personnel			A 10 - 10 00			\$ -
Operating			\$ 12,719.00			\$ 12,719.00
Capital Equipment						\$ -
Indirect Costs				•		\$ -
Total	\$ -	\$ -	\$ 12,719.00	\$ -	\$ -	\$ 12,719.00
# of FTEs]			0
Performance Meas	SUITAS		Current EV Pr	ogress to Date	<u> </u>	Next FY
Applicable Outcome M		Q1	Current FY Progress to Date Q2 Q3 Q4		Q4	Projected
Purchase body armor / bullet p County employees, as needed	proof vests for					,
The Department named above for the management of any fur forth by the Grantor and its rel departments. To that end, ple Grant Summary Form Memo of request to Cor Electronic copy of the o Approval to apply Court All attachments, back-u Completed by: Jeff May	nds awarded to the ated agencies or ase find enclosed mmissioner Courriginal, completed Order (for award	ne County under agents, as well d the following in t for application d application/awd d only)	er this grant, and I as those of the Items for initial re /award acceptar vard	will adhere to a County, and its eview:	any polices and financial and a	procedures set
Department Head / Designee Printer	d Name	Signature			Date	

Grant Resource-Benefit Summary

Grant Title CoServ Charitable Foundation, FY15			Contact Person	(Grant Liaison)	☐ Preliminary
			Janna Caponera	l	
Grant Period			Phone / Ext	Department	
January 1, 2015 to	o December	31, 2015	x4638	Auditor's Office	
COUNTY RESOURCES REQUI	RED				
Match	Amount	Identify	Match Source	Benefits to County and Citizens	
1) Cash	\$ -			\$12,719 to purchase 23 bullet proof vests	
2) In-Kind	\$ -				
✓ No Match Required					
Implementation / Start Up	Amount	De	escription		
1) Equipment					
2) Training					
3) Inter-departmental / Other:					
✓ No Implem / Start-up Costs					
Operational / Maintenance	Amount	De	escription		
1) Recurring Maintenance					
2) Salary / Benefits					
3) Continuing Ed / Training					
4) Office / Program Space					
5) Travel					
6) Other:					
✓ No Oper / Maintenance Cost	ts				
NON-COUNTY RESOURCES R					
Match	Amount	Identify	Match Source		
1) Voluntary / Donation	\$ -				